



**ECONOMIC DEVELOPMENT,  
NEIGHBORHOODS, AND STRATEGIC  
PLANNING DEPARTMENT**

**M E M O R A N D U M**

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DATE: February 13, 2008  
TO: Ray Giometti, Planning Commission Chair  
Members of the Planning Commission  
FROM: Angie Mathias, Assistant Planner  
SUBJECT: **Docket 06-28 Assisted Living**

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**ISSUES:**

- Assisted living facilities as a land use have not been defined by City of Renton code; this land use needs to be defined.
- In light of a proposed assisted living definition, should the definition for convalescent centers be amended?
- Should density standards be applied to assisted living facilities and if so, should they be allowed additional density?
- Assisted living is not identified in the zoning use table, should it be and if so what zoning designations should it be allowed in?
- What parking standards should apply to assisted living facilities?

**BACKGROUND:** The term “assisted living” is a somewhat newer term and concept in housing and care for people as they age. The City of Renton currently does not have a definition for assisted living. However, there are definitions for retirement residence and convalescent centers, as well as, two interpretation/policy decisions regarding assisted living and retirement residences that frame the policy discussion regarding assisted living. The definitions for retirement residence and convalescent centers read:

**“RETIREMENT RESIDENCE:** A building or group of buildings which provide residential facilities, including a common kitchen and dining room but without full kitchen facilities (sink, oven or range, and refrigerator) in each unit, for residents sixty-two (62) or more years in age, except for spouses for whom there is no minimum age requirement. This definition excludes multi-family (attached) dwelling units, boarding and lodging houses, convalescent facilities, adult family homes, and group homes I and II.”

**“CONVALESCENT CENTERS:** Facilities for patients who are recovering health and strength after illness or injury, or receiving long-term

care for chronic conditions, disabilities, or terminal illnesses where care includes ongoing medical treatment and extended care facilities. This definition does not include retirement residences, adult family homes, group homes II, medical institutions, and/or secure community transition facilities.”

#### **Administrative Interpretations/Policy Decisions**

Due to the lack of a definition for assisted living, the Development Services Division made an interpretation/policy decision regarding assisted living facilities in June 2000. The policy decision determined, at that time, that assisted living facilities were “most similar to convalescent centers/nursing homes in the care and type of services they provide”. With this determination, the facilities were considered a commercial use that required a business license and would be allowed in “Center zones where Convalescent Centers/Nursing Homes are allowed”. The rationale for this determination was in part:

“As described by an industry source, Assisted Living Facilities are for seniors who are usually in their mid 80’s and 90’s and are no longer active. Assisted Living Facilities are licensed and monitored by the Washington Department of Health. The care involves assisting the residents with the activities of daily life such as dressing, bathing, and medication reminders. Three meals are provided daily, including special dietary requirements. Due to the age and frailty of the residents, activities are usually on site. Assisted Living residents no longer drive and van services is provided to meet transportation needs. Externally, an Assisted Living Facility may look very similar to retirement or congregate care residences but internally the design and level of care is much more intense due to the age and frailty of the residents. Often these facilities provide specialized medical services such as Alzheimer’s Care.”

In 1997, an interpretation made a clarification of the definition of retirement residences that determined retirement residences could only include an appurtenant kitchen in individual living units. An appurtenant kitchen was considered “a microwave, a ½ to ¾ refrigerator, sink, and toaster oven. These appliances are intended to be used for meal preparation of snacks, coffee/tea, etc.”. The determination further stated that if units were to have individualized cooking facilities, those cooking facilities would preclude the building from meeting the definition of retirement residence. Additionally, “to qualify as a retirement residence, the facility must include a central, common kitchen and dining area which prepares and serves the primary 3 meals per day. Appurtenant kitchen facilities in the individual units are intended only for personal convenience and do not constitute individualized cooking facilities.”

In several ways these determinations and the definitions do not accurately represent the current standards for assisted living facilities. For example, assisted living facilities often present themselves as residences for active seniors, not for those who are frail. Additionally, since assisted living was determined to be most similar to convalescent centers and it was determined that retirement residences are not allowed to have full

kitchens, it would seem that the determinations would preclude assisted living facilities to not have full kitchens; which most seem to include.

## **ISSUE DISCUSSION:**

### **Definitions for Assisted Living and Nursing Homes**

A survey of web-based information and other municipalities indicates that assisted living is generally considered to be a “bridge between independent living and a nursing home/convalescent center”. Many residents are not able to completely care for themselves, but they also do not require a skilled medical staff to watch over them. Many assisted living facilities also include independent living at the same facility, as well as, a dedicated area where residents may be able to receive skilled nursing care on a temporary/recovery basis.

Convalescent centers are places where people live as they receive skilled nursing care while they recover or decline from age, illness, or injury. Residents do not live in self-contained units. Convalescent centers are often more institutional in nature than an assisted living home. The term convalescent center is a somewhat dated term that is infrequently used by the industry; the more widely used term is nursing home. Therefore, it is recommended that the name be amended to nursing homes. In developing definitions for these two different types of living situations for older people, the table below is helpful to illustrate the similarities and differences.

	<b>Assisted Living</b>	<b>Convalescent Center</b>
Self contained living units	Yes	No
Private bath in unit	Yes	No
Kitchen in unit	Yes	No
Housekeeping offered	Yes	Yes
Laundry services offered	Yes	Yes
Centralized kitchen and dining	Yes	Yes
Common areas for social/recreational purposes	Yes	Yes
24-hour staff	Yes	Yes
In unit “panic button”	Yes	Yes
Skilled nursing staff on-site	No	Yes
Residents own automobiles	No	No
Transportation provided	Yes	Maybe
Scheduled trips provided	Yes	No

**Table 1: Comparison of Standards at Assisted Living Facilities and Convalescent Centers**

To better reflect the current manner in which assisted living facilities are implemented and to further clarify the differences between assisted living and nursing homes the following definitions are proposed for implementation.

**ASSISTED LIVING:** A facility where residents live in private units and receive assistance with limited aspects of personal care. Such assistance includes things such as: taking medication, housekeeping, or dressing. On the premises, meals are provided in a common dining area, 24-hours per day supervision, and may include call system in each unit. This definition does not include: nursing homes, congregate residences, multi-family (attached) dwelling units, boarding and lodging houses, adult family homes, and group homes I and II.

**NURSING HOME:** A facility licensed by the State for patients who are recovering health and strength after illness or injury, or receiving long-term care for chronic conditions, disabilities, or terminal illnesses. Facilities provide 24-hour supervised nursing care and feature extended treatment that is administered by a skilled nursing staff. Typically, residents do not live in individual units and the facilities provide personal care, room, board, laundry service, and organized activities. This definition does not include adult family homes, assisted living, group homes II, medical institutions, and/or secure community transition facilities.

#### **Density Standards for Assisted Living**

Currently, City standards do not apply density standards to retirement residences. With the amendment to assisted living facilities it is recommended that density standards be applied to such facilities. The manner in which the market constructs assisted living facilities, makes it seem that the City needs to modify this standard so that density does apply. The product the market seems to be generating in assisted living complexes appears to consist of units that are complete and not shared. They include kitchenettes, at minimum, and bathrooms in each unit. This unit model does not differ from apartment construction and apartments must adhere to the density standards of the zone they are built in. Therefore, it seems appropriate for density standards to be applied to assisted living facilities.

In order to facilitate the inclusion of assisted living facilities in uses that adhere to density standards, a definition of the units must be written and implemented. The proposed definition for these units is:

**Assisted Living:** A residential building containing two (2) or more dwelling units where residents receive assistance with personal care. Dwelling units include a full kitchen (sink, oven or range, and refrigerator) or a kitchenette, a bathroom, and a living area. On the premises, facilities shall include: a common eating area, a kitchen where meals are prepared, recreation area(s), activity room, and a laundry area. An on-site small-scale facility that offers skilled nursing care on a temporary basis is allowable when the number of beds reserved for the medical care is no greater than five percent (5%) of the total number of living units at the premises.

In surveying the standards that other municipalities place on assisted living facilities, it became apparent that many cities allow assisted living facilities to be built at a higher

density than is allowed in the zone. This is something that staff is considering. Staff investigated the average square footage that apartments and assisted living facilities are built at. The square footage of units at fifteen local apartment buildings with a total 72 floor plans and fifteen assisted living facilities with a total 57 floor plans were averaged to determine the average square footage at which each are being constructed with. The table below demonstrates that assisted living units are notable smaller than apartment units. Also included in the table are percentages that the units represent in the overall development. The information for assisted living is from the “2006 Overview of Assisted Living” published by the American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of American, National Center for Assisted Living, and the National Investment Center for the Seniors Housing and Care Industry. The information for apartments was calculated from the information gathered in the survey of 15 apartment buildings.

	<b>Studio</b>	<b>% of Total Units</b>	<b>1 Bedroom</b>	<b>% of Total Units</b>	<b>2 Bedroom</b>	<b>% of Total Units</b>	<b>3 Bedroom</b>	<b>% of Total Units</b>
<b>Assisted Living</b>	404 sq. ft.	51%	559 sq. ft.	39%	835 sq. ft.	6%	n/a	0%
<b>Apartments</b>	595 sq. ft.	13%	772 sq. ft.	36%	1,044 sq. ft.	35%	1,309 sq. ft.	17%

**Table 2: Average Unit Size at Assisted Living Facilities and Apartments with Unit Mix Percentage of the Total Building**

This makes it clear that the City should consider establishing some ratio that allows assisted living facilities to develop more units. The City of Kirkland allows that for the purpose of density, two assisted living units are counted as one. Staff is not sure that this ratio is what Renton would like to utilize, but it does provide a starting point for discussion. The table below applies the percentage mix indicated in Table 2 to a 100,000 square foot building in order to approximate the total number of units the different land uses would result in. This calculation considers only the gross building size and does not consider a deduction for hallways, common areas, recreation areas, etc. The ratio of assisted living units to apartment units that this gross calculation produces is 1.76. This ratio also does not reflect a key component of assisted living facilities that apartments do not typically include, a common kitchen and dining room.

	<b># of units</b>	<b># of units</b>	<b># of units</b>	<b># of units</b>	<b>Total Units</b>
<b>Assisted Living</b>	126	70	7		203
<b>Apartments</b>	10	66	34	6	116

**Table 3: Gross Calculation of Number of Units in 100,000 Square Foot Building for Assisted Living and Apartments**

### **Zoning for Assisted Living and Convalescent Centers**

The zones where retirement residences are currently allowed translate well for assisted living facilities. Staff recommends that in the zoning use table, retirement residences be stricken and replaced with assisted living. This will allow assisted living in the same zones that retirement residences are currently allowed. However, staff would also like to allow assisted living in the R-14 zone as an administrative conditional use. Attached dwellings and convalescent centers are allowed in the R-14. It is appropriate to allow assisted living in the R-14 zone and it is consistent with the purpose and intent of the zone. Additionally, staff reviewed the zones that convalescent centers are allowed to ensure consistency with the purpose and intent for the zones with this land use. It is recommended that convalescent centers no longer be allowed in the Commercial Office Residential (COR) zone. This zone seeks tall buildings with many stories of development and that is not the standard at which convalescent centers are built in suburban locations.

City code allows retirement residences in the R-1 zone as a hearing examiner conditional use. There are currently no restrictions on the scale or density at which an assisted living facility could be built. However, if assisted living is going to be considered in density, then this would limit people to building a single unit assisted living facility in the R-1 zone. Staff does not wish to impose this on landowners in the R-1 zone. Yet, staff is concerned about the scale of development that would be allowed to occur in the R-1 zone under the current parameters. The development regulations for R-1 allow 35% of the lot to be built on with a maximum height of two stories or 30 feet. Applying this standard would allow a one-acre parcel to build a two story building on a 15,246 square foot building footprint, for a total 30,492 square foot facility. Below are two images of 30,000 square foot buildings to illustrate the scale of such a building size. This scale of building is inconsistent with the purpose of the R-1 zone. The R-1 zone is applied to land that is environmentally constrained and is intended to “*prohibit the development of uses that may be detrimental to the residential or natural environment*”.



However, it is important to consider that assisted living is a residential use and relatively low intensity. As a land use, the traffic generated by an assisted living facility is generally lower than a grouping of single-family homes. Additionally, there are other uses allowed in the R-1 zone that function with a higher intensity land use than a single-family house on

one acre of land. Many of them have similar characteristics of use to assisted living facilities such as: visits, employees, and traffic generation. More intense land uses that are allowed include: convalescent centers, group homes II for seven or more, bed and breakfast houses, and family day care. Family day care allows for the care of 12 or fewer children in a 24-hour period. The maximum number of allowed residents at a convalescent center is not limited. Group homes II are not limited to a specified number of people and includes staff who provide care. Professional bed and breakfast houses allow for overnight accommodations for a range of 4 to 10 guest rooms. All of these uses involve a staff and residents or customers. The City of Kenmore allows apartments style assisted living facilities in the R-1 zone when the density does not exceed 18 units per net acre of developable land.

Staff is seeking a resolution that enables the assisted living residential use of the land, but also to ensure that the scale of the development reflects the intended lower density scale of use. Policy LU-138 states that in order *“to provide for more efficient development patterns and maximum preservation of open space, residential development may be clustered and/or lot sizes reduced within allowed density levels in Residential Low Density designations”*.

#### **Parking Standards for Assisted Living**

Currently, retirement residences are not included in the parking standards table. This needs to be rectified with this group of amendments. In order to provide some starting points for determining the appropriate parking ratio, staff examined other municipalities parking standards and City code for the standards for similar uses. Below Table 4 shows City of Renton parking standards for land uses similar to assisted living. Table 5 shows other municipal standards for required parking for assisted living facilities.

<b>Land Use</b>	<b>Required Parking Spaces</b>
Convalescent Centers	1 for every 2 employees, plus 1 for every 3 beds
Attached dwellings for low income elderly in downtown core	1 for every 4 dwelling units
Attached dwellings for low income elderly in downtown core	1 for every 3 dwelling units
Hotels and Motels	1 per guest room plus 2 for every 3 employees

**Table 4: City of Renton Land Uses and Parking Standards**

City	Required Parking Spaces
City of Kirkland	1 per living unit
City of Denton	1 space per 2 beds, or 1 space per apt. unit
City of Douglas	0.3 parking space per unit, plus 1 for every 3 employees during the largest shift.
City of Mesa	1 per dwelling unit
Midford Township	1 per 2 beds, plus 1 for each staff and employee on the two major shifts
City of Riverside	1 space per 3 beds

**Table 5: Comparison of Other City Standards for Required Parking for Assisted Living**

In examining these tables it seems that a one bed per unit standard is the most common. For the standards that are different it may be that when calculated there is little difference in the resulting number of required parking spaces. Although it is often assumed that assisted living residents do not drive, in many facilities they are not required to discontinue driving. Additionally, most assisted living facilities feature services and amenities that are heavily dependent on staff. It seems reasonable that the parking needs of the staff, residents, and guests would be accommodated with a parking requirement of one space per living unit.

**COMPREHENSIVE PLAN COMPLIANCE:** These proposed changes comply with the Comprehensive Plan Land Use Element goal to promote new development and neighborhoods in the City that:

- Offer a variety of housing types for a population diverse in age, income, and lifestyle.
- Are developed at densities sufficient to support public transportation and make efficient use of urban services and infrastructure.
- Are varied or unique in character
- Offer connection to the community instead of isolation
- Provide a sense of home

**CONCLUSION:** Staff is looking forward to discussion and input from the Planning Commission on this matter prior to making recommendations.